DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if

plural names are listed below) of the subject mat				patent is sought on th	e invention entitle	ed:
METHOD FOR MANUFACTURING A CON						
DIMENSIONAL COMPONENT MADE OF A	COMP	OSITE MATE	RIAL, COMP	OSITE MATERIAL,	AND DEVICE F	<u>OR</u>
HOLDING THE COMPOSITE MATERIAL						
the specification of which (check one)						
is attached hereto						
was filed on as Internation	was filed on as International Application Serial No. and was amended on (if applicable).					
I hereby authorize and request our att York, New York 10018 to insert here in parenthe filed) the filing date	eses (a	pplication num	nber	ppel, LLC of 485 Se		lew —,
I hereby state that I have reviewed and understa amended by any amendment referred to above.						, as
I acknowledge the duty to disclose all informatio defined in Title 37, Code of Federal Regulations.	, §1.56	S.				
I hereby claim foreign priority benefits under application(s) for patent or inventor's certificate application for patent or inventor's certificate have	listed	below and ha	ave also identi	fied below any foreig	ın and/or provisio	nal
PRIOR APPLICATION(S)						
DE 102 59 883.5-16	Germ	nany	20 December 2002		Priority claimed	
Number	Country		Day/Month/Year Filed		Yes No	
DE 102 52 998.1-11	Germany		14 November 2002		Priority claimed	
Number	Country		Day/Month/Year Filed		Yes No	
I hereby claim the benefit under Title 35, Unite insofar as the subject matter of each of the clair the manner provided by the first paragraph of material information as defined in Title 37, Code the prior application and the national or PCT interests.	ns of to f Title e of Fe	his application 35, United St ederal Regulat	is not disclose ates Code, §´ ions, §1.56(a)	ed in the prior United 112, I acknowledge to which occurred between	States application the duty to discle	n in ose
Application Serial Number		Day/Month/Year Filed		Status		
Application Serial Number		Day/Month/Year Filed		Status		
And I hereby appoint Clifford M. Davidson, Reg. 36,561, William C. Gehris, Reg. No. 38,156, Mor	No. 32 rey B.	2,728, Leslye I Wildes, Reg. I	3. Davidson, R No. 36,968, Ro	eg. No. 38,854, Cary bert J. Paradiso, Reg	S. Kappel, Reg. . No. 41,240, Erik	No. ‹ R.

Swanson, Reg. No. 40,833, Thomas P. Canty, Reg. No. 44,586, and all other registered attorneys and agents at Davidson, Davidson & Kappel, LLC, U.S. Patent and Trademark Office Customer Number 23280, my attorneys, with full power of substitution and revocation, to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith; correspondence address: DAVIDSON, DAVIDSON & KAPPEL, LLC, 485 Seventh Avenue, 14th Floor, New York, New York 10018; Telephone: (212) 736-1940; Fax: (212) 736-2427.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first Inventor	Hans-Georg HERRMANN
Inventor's signature	
Date	
Residence	Ravensburg, Germany
Post Office Address	Oppeltshofer Weg 40, D-88212 Ravensburg, Germany
Citizenship	Germany

Full name of additional Inventor	Asmir SALKIC
Inventor's signature	
Date	
Residence	Ulm, Germany
Post Office Address	Am Bleicher Hag 39, D-89075 Ulm, Germany
Citizenship	Bosnia-Herzegovina

Docket No.: 510.1091

DECLARATION AND POWER OF ATTORNEY

Docket No.: 510.1091

Full name of additional Inventor	Robert BJEKOVIC	Full name of additional Inventor
Inventor's signature		Inventor's signature
Date		Date
Residence	Ehingen, Germany	Residence
Residence		
Post Office Address	Barschweg 5, D-89584 Ehingen, Germany	Post Office Address
Citizenship	Germany	Citizenship
Olizeriship	Comany	Onterromp
Full name of additional Inventor		Full name of additional Inventor
Inventor's signature		Inventor's signature
Date		Date
Residence		Residence
Post Office		Post Office Address
Address		
Citizenship		Citizenship
Full name of additional Inventor		Full name of additional Inventor
Inventor's signature		Inventor's signature
Date		Date
Residence		Residence
Post Office Address		Post Office Address
Citizenship		Citizenship
Full name of additional Inventor		Full name of additional Inventor
Inventor's signature		Inventor's signature
Date		Date
Residence		Residence
Post Office Address		Post Office Address
Citizenship		Citizenship